

<b>Case Number:</b>	CM15-0062862		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old male sustained an industrial injury to the right hand on 6/2/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, brace, occupational therapy and medications. In a PR-2 dated 2/19/15, the injured worker complained of right wrist and hand pain associated with numbness and decreased strength. The injured worker had completed one session of acupuncture. Physical exam was remarkable for right wrist with tenderness to palpation, full flexion and extension of the fingers, 5/5 finger strength and intact sensation. The injured worker could full abduct the thumb. Current diagnoses included right wrist sprain, right wrist joint pain and right wrist flexor tendon injury. The treatment plan included electromyography/nerve conduction velocity test due to continuing pain, numbness and decreased strength and continuing medications (Ibuprofen and Robaxin).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG/NCV RUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for right hand pain after his hand became stuck while pulling a tarp. Conservative treatments including therapy and medications with only mild improvement. When seen, he had finger numbness. There was wrist tenderness. Prior testing had included an MRI of the wrist without explanation of his condition. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has ongoing numbness and pain after trauma. The requested testing is medically necessary in determining his diagnosis and to direct further treatments.